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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No.	END 780 NP
		First Inventor: Chester O. Baxter III et al. Title: Finger Tip Electrosurgical Medical Device	
		I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Commissioner for Patents, MS Patent Application, PO Box 1450, Alexandria, VA 22313	
		Name: <u>Linda F. Hansen</u>	Date: September 10, 2003
(only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No.	EU 472 450 685 US
<b>APPLICATION ELEMENTS</b> See MPEP Chapter 600 concerning utility patent application contents.		<b>ADDRESSED TO:</b> Commissioner For Patents MS Patent Application PO Box 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 27] (Preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>- Descriptive Title of the Invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R&amp;D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>4. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 14]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 5]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Application Cover Sheet w/Express Mail Certification</p>	
<p>18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: _____, filed _____.</p> <p>Prior application information: Examiner _____ Group Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
<p><b>19. CORRESPONDENCE ADDRESS</b></p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input checked="" type="checkbox"/> Correspondence Address below</p> <p>Name: Philip S. Johnson, Esq.</p> <p>Address: Johnson &amp; Johnson, One Johnson &amp; Johnson Plaza New Brunswick, NJ 08933-7003 USA</p>			
<p><b>20. TELEPHONE CONTACT:</b> Verne E. Kreger, Jr.</p> <p>Please direct all telephone calls or faxes to: Telephone: (513) 337-3295 Fax: (513) 337-8489</p>			
<p><b>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b></p>			
NAME	Verne E. Kreger, Jr.		
SIGNATURE			Reg. No. 35,231 Date: September 10, 2003

09/10/03



05909 U.S. PTO

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	
	Filing Date	September 9, 2003
	First Named Inventor	Chester O. Baxter, III
	Group Art Unit	Not Assigned
	Examiner Name	Not Assigned
	Attorney Docket Number	END 780 NP

**FEE CALCULATION**

## CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE
				\$ 750.00
TOTAL CLAIMS	34 - 20 =	14	x 18.00	\$ 252.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 84.00	\$ 00.00
MULTIPLE DEPENDENT CLAIMS	0 - =	N/A	X 280.00	
			TOTAL FEES	\$1002.00

**METHOD OF PAYMENT**

- ☒ Please charge Deposit Account No. 10-0750END 780NP/VEK in the amount of \$1002.00.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750END 780NP/VEK.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Verne E. Kreger, Jr.	<b>Reg. No. 35,231</b>
Signature	<i>Verne E. Kreger Jr.</i> Date: September 10, 2003	<b>Deposit Account No. 10-0750</b>